

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N04000001173

Entity Name: POLK COUNTY LAW ENFORCEMENT ORGANIZATION, INC.

**Current Principal Place of Business:**

310 E MAIN ST  
BARTOW, FL 33830

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1066  
BARTOW, FL 338311066

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARDAWAY, LARRY D  
310 E MAIN ST  
BARTOW, FL 33830    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: THOMAS, WILLIAM  
Address: 5602 JOE KING RD  
City-St-Zip: PLANT CITY, FL 33567

Title: VPD                      ( ) Delete  
Name: HOGAN, JAMES  
Address: 1706 TERRY CIR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD                      ( ) Delete  
Name: WALKER, DORORHY  
Address: 1036 EDITH AVE  
City-St-Zip: LAKE LAND, FL 33805

Title: T                      ( ) Delete  
Name: GRANT, KENNETH  
Address: 2444 MARY JEWETT CIR  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D                      ( ) Delete  
Name: WILEY, LEOTIS  
Address: 5117 WATERS WOOD DR  
City-St-Zip: BARTOW, FL 33830

Title: D                      ( ) Delete  
Name: HORNE, DARRELL  
Address: 212 GRACE AVE  
City-St-Zip: DUNDEE, FL 33838

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. THOMAS

PD

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date